

anemia (5.4%), coronary atherosclerosis (4.5%), and congestive heart failure (3.5%). Similarly, the most commonly prescribed medications among CKD patients were furosemide (16.3), atorvastatin (9.1%), lisinopril (9.0%), amlodipine (9%), aspirin (8.6%), levothyroxine (7.9%), metaraminol (7.8%), insulin (7.4), atenolol (6.1%), and potassium replacement solutions (5.3%). **CONCLUSIONS:** Our study identifies the most common co-morbidities diagnosed among CKD patients. Early screening and treatment for these conditions may help lower the rate of progression of CKD.

PUK21**IMPACTS OF THE PREVENTIVE TREATMENT OF PATIENTS SUFFERING FROM RECURRING CYSTITIS BY MEANS OF A STANDARD DRY CRANBERRY EXTRACT**

Taieb C

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OBJECTIVES: Assess the impacts of the preventive treatment of patients suffering from recurring cystitis by means of a standard dry cranberry extract. **METHODS:** An observational, longitudinal and prospective assessment by Urologists as part of their professional everyday activity. **RESULTS:** Ninety-two female patients, with an average age of 53.9–18.9 years, were included in the study. These patients had been monitored for a period of 7 months (median). Before inclusion, 89 of the patients (96.7%) had been offered an antibiotherapy. Depending on the patients, the factors that triggered their cystitis most frequently were: sexual relations (58.0%), alcohol consumption (27.6%) and diarrhoea (19.3%). The frequency and urgency of urination, the burning sensation upon urination, the inability to completely empty the bladder and sensation of heaviness in the pubic region were the five symptoms assessed every three weeks. On inclusion, the scores for each symptom were, respectively: 6.2; 6.5; 6.1; 3.1 and 4.6. The overall score was 28.9. After 3 months, the scores for each symptom were, respectively: 1.6; 1.9; 1.9; 0.4 and 0.7. The overall score was 7.1. The evolution of the overall score ($p < 0.001$) was significant, as was that of each respective symptom. The prevalence of cystitis at 3 months was 47.6% (versus 96.7%) on inclusion. **CONCLUSIONS:** The prevalence of urinary problems in subjects suffering from recurring cystitis was halved after 3 months of treatment by means of a standard dry cranberry extract (96.7% versus 47.6%).

HEALTH CARE DECISION-MAKER'S CASE STUDIES POSTER SESSION**PCASE1****CASE STUDY OF CREATING A FORMULARY MANAGEMENT PROCESS AT A COMPREHENSIVE CANCER CENTER IN BANGALORE, INDIA**Hariharauputhran D¹, Ajai Kumar B¹, Lal LS²¹Bangalore Institute of Oncology, HCG Enterprises Ltd, Bangalore, Karnataka, India,²University of Texas MD Anderson Cancer Center, Houston, TX, USA

ORGANIZATION: Bangalore Institute of Oncology (BIO). **PROBLEM OR ISSUE ADDRESSED:** Pharmacy and Therapeutics committee's responsibilities consist of developing policies and frameworks to develop an effective formulary taking into account both efficacy and cost considerations. In the Indian pharmaceutical environment, multiple manufactures compete for market share, within a single institution itself, creating inefficiencies in inventory management and the overall pharmaceutical budget. **GOALS:** The purpose of this project was to create a formulary for the Bangalore Institute of Oncology (BIO), taking into account both cost and efficacy considerations, while still maintaining physician preferences and autonomy. A preliminary ABC analysis, also known as a Pareto analysis, was conducted to identify items which have a significant impact on the overall inventory costs and well as, identify and rank areas for improvement and management interventions. **OUTCOMES ITEMS USED IN THE DECISION:** The institutional ABC analysis was conducted for the period of October 2006 to September 2007. Pharmaceutical items were valued (item cost multiplied by quantity issued/consumed in period) with the results subsequently ranked. **IMPLEMENTATION STRATEGY:** The total pharmacy budget for the fiscal year was 15.89 Crore Rupees (Rs) (3.96 million US dollars, based on 40:1 exchange rate) with a resulting margin of 3.51 Crore Rupees (Rs) (\$877,500), which consisted of 1033 different products from 247 manufacturers. The ABC analysis revealed that 48 medications made up 85% of the total budget, with bortezomib being the highest oncology contributor and meropenem being the highest non-oncology contributor. Analysis of purchases within the 35 oncology products revealed that there were 29 manufacturers with 95 different brands, and for the 13 non oncology products, there were 14 manufacturers with 20 different brands. Based on this analysis, consolidation of drug products and drug manufacturers were considered as an intervention for formulary management by the Pharmacy and Therapeutics Committee. Three different options were considered by the committee. Option 1 consolidates to only a single brand based on the highest margin, which would improve the present margin by 46% from 3.51 Crore Rs (\$877,500) to 5.15 Crore Rs (\$1,287,500). Option 2 consolidates to having two brands, one from the preferred vendor with the highest margin and the other from the innovator/premium vendor, which would improve the margin by 36% to 4.76 Crore Rs (\$1,119,000). Option 3 consolidates to three brands: the preferred vendor with the highest margin, the lowest cost brand from the patient's perspective, and the innovator/premium vendor brand, which would improve the margin by 24% to 4.36 Crore Rs (\$1,090,000). Option 3 was chosen as the basis for creating the institutional formulary, due to physician flexibility, patient affordability, and improvements to the margin. **RESULTS:** The pharmaceutical company Dr. Reddy was selected as the preferred vendor for the creation of the for-

mulary and Option 3 was applied to all of the following pharmaceuticals(N): monoclonal antibodies(6); oral chemotherapy(23); intravenous chemotherapy(31); hormonal agents (9); and supportive care agents(13), for a total of 82 separate chemical entities. Of the total 82 chemical entities, 43 (52.4%) have one brand available, 29 (35.4%) have two brands available, and 10 (12.2%) have three brands available. The preferred vendor was utilized for 18 of these products. If the same total quantity is purchased again in 2008, the total purchase cost will be 54.15 Crore Rs (\$13,538,047) with a resulting margin of 20.13 Crore Rs (\$5,033,454). **LESSONS LEARNED:** Consolidation of the pharmaceutical products and creation of a formulary results in higher than expected margin, even when the same purchase quantity is applied. Market competition forces appear to work better in an environment of a closed formulary system.

PCASE2**THE HOSPITAL AS IMPORTANT SOURCE OF INFORMATION REGARDING CHARACTERISTICS OF HEALTH CARE USERS**

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ORGANIZATION Vila Velha Hospital (VVH). Vila Velha, Espirito Santo, Brazil. **PROBLEM OR ISSUE ADDRESSED** To assure client space and fidelity in the market of health services through novel strategies able to supply health care providers with information about their clients and service costs at hospitals in the metropolitan region of Vitoria-ES, Brazil. **GOALS** 1-Semestral increase of 30% in the number of clients referred for consultation at VVH and their fidelity as a result of the good quality of services. 2-Semestral increase of 20% in VVH services required from health care providers. **OUTCOMES ITEMS USED IN THE DECISION** Data from a search regarding the opinion of clients and health care providers about the ideal health services were considered in the final decision. This information was obtained from PROAHSA (Program of Advanced Studies in Hospital Administration and Health Systems) and from CHQ (Program of Quality Control of Medical Services). **IMPLEMENTATION STRATEGY** Analysis of patient stay at the hospital and its total cost, considering age, site and disease of the client at VVH. All diseases described in ICD (International Classification of Diseases) were classified in acute, chronic and accidental, according to the duration of disease, loss of function, treatment type and length, and recurrence probability. **RESULTS** The data obtained allowed the comprehension of characteristics of clients seen at VVH, and also allowed the proper estimation of treatment costs for various pathologies and the development of a cost curve per patient, materials and medications. **LESSONS LEARNED** The understanding of client specificities allows price negotiation in a more secure and transparent way for both the hospital and the health care providers, and allows a more efficient handling of financial resources.

PCASE3**HTA PROCEDURES IN DRUG REIMBURSEMENT PROCESS IN POLAND. EVOLUTION OF RECOGNITION THE ROLE OF AGENCY OF HEALTH TECHNOLOGY ASSESSMENT (AHTAPOL) BY POLICY MAKERS**

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ORGANIZATION: Agency of Health Technology Assessment Warsaw, Poland. **PROBLEM OR ISSUE ADDRESSED:** Need to supply safe and most effective drugs, services and devices for publicly insured inhabitants through different mechanisms of spending public sources. **GOALS:** (1) Development a health technology assessment procedures and incorporating its results into decision-making process of using public sources in Polish Health Care System. (2) Setting priorities of assessing areas – according to health benefits financed from public means reimbursement criteria. (3) Providing sufficient information for making decisions. **OUTCOMES ITEMS USED IN THE DECISION:** There were different measurements performed during planning, implementing and revising process of development AHTAPol. Measures were elaborated parallel by national and international experts. **IMPLEMENTATION STRATEGY:** AHTAPol was established on 2006 as a governmental organization whose aims are: assessment of medical procedures – health technologies; elaboration, verification, gathering and dissemination of information about HTA results of such assessments, methodology and support of guidelines development made based on them; elaboration of recommendations for the Minister of Health concerning financing health technologies from public means (the role of the Consultative Council); collaboration with other authorities and organization acting in health care system and performing other duties delegated by the Minister of Health (MoH) of Poland. One of the first actions of AHTAPol was related to delegation of MoH for development the basic benefit package. For the estimation of budget needed to services included into benefit package the costs calculating program was designed and pilot activities were performed. And finally drug dossiers assessment and appraisal process led to recommendation for decision of MoH. These actions were supported by development department focused on analytical part and independent body – Consultative Council acting as an appraisal committee **RESULTS:** Involvement of AHTAPol in activities related to based benefit package were limited to development of central medical services (with description of diagnoses and professional specialties) data-base. Costs calculation of these services was not started. Engagement of nationally recognized experts supported by AHTAPol ended on development national cost calculating project. This project most probably will start in 2009. The most expected by policy-makers, public and clinicians activities of AHTAPol nowadays is involvement on the process of drug and modern medical technology reimbursement by elaboration of recommendations for decision of MoH. Organizational respond of AHTAPol resulted at the number of recommendation: 13 in 2007 and 81 in 2008. In 2009 is planned over 300. **LESSONS LEARNED:**